

## **TELECOPIER COVER SHEET**

December 2, 2003

To: Assistant Commissioner for Patents	From: Estella Pinelro Patent Administrator 818/493-2251			
Attention: Examiner M. Bockelman Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221			
Telecopier: 703/872-9306	Telecopier: 818/362-4795			
RE: Response to Restriction Requirement Applic. No. 09/876,755 Filed: 06/06/2001 Docket No. A01P1043	Number of pages being sent: _5 (including cover page)			

PLEASE DELIVER TO EXAMINER BOKELMAN, ART UNIT 3762. THANK YOU.

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## **PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Elia Arambula Mouchawar et

al.

Serial No.:

09/876,755

Examiner:

M. Bockelman

Filed:

06/06/2001

**Art Unit:** 

3762

Docket No.:

A01P1043

For:

METHOD AND APPARATUS FOR ELECTROPHYSIOLOGICAL

TESTING IN AN IMPLANTABLE DEVICE

## TRANSMITTAL OF RESPONSE TO RESTRICTION REQUIREMENT AND CERTIFICATE OF MAILING

MAIL STOP - AMENDMENTS COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment and Request for Reconsideration

X Transmittal of Amendment... and Cert. of Mlg.X Associate Power of Attorney

X Fee Transmittal

Respectfully submitted,

Date: 12203

Ronald S. Tamura, Reg. No. 43,179

Patent Attorney for Applicant

Correspondence Address: PACESETTER, INC. 15900 Valley View Court Sylmar, CA 91392-9221 818/493-3157 818/362-4795 (fax)

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

December 2, 2003

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	┺	Applic	ation Nu	mber	09/8/6,/55		
for FY 2004 Filing Date		06/06/2001					
<b> </b>		First Named Inventor			Elia Arambula Mouchawar		
Effective 10/01/2003. Patent fees are subject to ennual revision.	to ennual revision.  Examiner Name			16	M. Bockelman		
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	iit .		3762		
TOTAL AMOUNT OF PAYMENT (\$) 0	<b>-</b>	Attorn	ey Dock	et No.	A01P1043		
					LCULATION (continued)		
METHOD OF PAYMENT (check all that apply)					ECDEATION (COMMISSES)		
Check Credit card Money Other None 3. ADDITIONAL FEES Large Entity   Small Entity							
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Account PACESETTER, INC.	•			COVe	r sheet		
The Director is authorized to: (check ell that apply)	1053	130 2.520	1053 1 1812 2,5		English specification  ling a request for ex parte reexamination		
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to the above-identified deposit account.	1251	110	2251	\$5 Exte	nsion for reply within first month		
FEE CALCULATION	1252	420	2252	210 Exte	ension for raply within second month		
1. BASIC FILING FEE Large Entity \$mail Entity	1253	950	2253	475 Exte	ension for reply within third month		
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Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255 1	,005 Exte	ension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165 Not	ice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165 Filir	g a brief in support of an appeal		
1004 770 2004 385 Reissus filing fee	1403	290	2403	145 Req	uest for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451 1	,510 Pcti	tion to institute a public use proceeding		
SUBTOTAL (1) (\$)	1462	110	2452	55 Peth	tion to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453		tion to revive - unintentional		
Fee from	1	1,330	2501		ty issue fee (or reissue)	· · · · · ·	
Extra Claims below Fee Paid  Total Claims 20** = X =	1502 1503	480 640	2502 2503		ngn issue fee nt iesue fee		
Independent 300 A	1460	130	1460		itions to the Commissioner		
Claims Claims Multiple Dependent =	1807	50	1807		cessing fee under 37 CFR 1.17(q)		
Large Entity   Small Entity	1808	160	1806		mission of Information Disclosure Stmt		
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Code (\$)   Code (\$) 1202 18   2202 9 Claims in excess of 20				proj	Setth (guies unurget of highernes)		
1201 88 2201 43 Independent claims in excess of 3	1809	770	2809	385 Filir (37	ng a submission after final rejection CFR 1.129(a))		
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1204 86 2204 43 ** Reissue independent claims		<del></del> -	2801		mined (37 CFR 1.129(b))		
over original parent	1801 1802		1802		quest for Continued Examination (RCE) equest for expedited examination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	""		1		a design application		
SUBTOTAL (2) (\$)		fee (ap					
"or number previously paid, if greater; For Reissues, see above	*Red	uced by	Basic Fil	ing Fee P	sid SUBTOTAL (3) (\$)		
SUBMITTED BY (Complete (7 applicable))							
Name (Print/Type) Ronald S. Tamura		Registra (Allome)	ation No.	43,179	Telephone 818/493-3157		
Standard Citizen		-unome)	, Ageny	<b>-</b>	Pale 12203		

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